



Product Ingredient Source Information May be Treated Confidential

Please read instructions on reverse before completing form.

Form Approved. OMB No. 2070-0060. Approval expires 05-31-98

 <div style="text-align: center;">United States Environmental Protection Agency Washington, DC 20460</div>		<input checked="" type="checkbox"/>	Registration Amendment Other	OPP Identifier Number
		<input type="checkbox"/>		
		<input type="checkbox"/>		
Application for Pesticide - Section I				
1. Company/Product Number 82633-XX		2. EPA Product Manager Erik Kraft		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Sharda Cropchem Limited / Sharda Imazapic Technical		PM# 24		
5. Name and Address of Applicant (Include Zip Code) Sharda Cropchem Limited c/o Wagner Regulatory Associates, Inc. P.O. Box 640 Hockessin, DE 19707 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b) (I), my product is similar or identical in composition and labeling to: EPA Reg. No.: XXXXXXXXXX Product Name: XXXXXXXXXX		
Section - II				
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Amendment - Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> Notification - Explain below.</div><div><input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input checked="" type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other - Explain below.</div></div>				
Explanation: Use additional page(s) if necessary. (For Section I and Section II.)				
PRIA Code - R333				
Section - III				
1. Material This Product Will Be Packaged In:				
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No <i>*Certification must be submitted</i>	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. container		Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" No. per Package wgt. container	
2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other (Specify) Fiber drum				
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 25 kg, bulk		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product
6. Manner in Which Label is Affixed to Product <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled</div><div><input type="checkbox"/> Other _____</div></div>				
Section - IV				
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)				
Name Rachel L Hardie		Title Agent for Sharda Cropchem Limited		Telephone No. (Include Area Code) (302) 635-7289 (rachel@wagnerreg.com)
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.				6. Date Application Received (Stamped)
2. Signature 		3. Title Agent for Sharda Cropchem Limited		
4. Typed Name Rachel L Hardie		5. Date March 5, 2020		